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PTO/SB/50 (04-98)
Approved for use through 9/20/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

32499 U.S. PTO
10/829482



042104

Address to:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.

8796E

First Named Inventor

Luke Robinson Magee

Original Patent Number

6,648,866 B2

Original Patent Issue Date
(Month/Day/Year)

November 18, 2003

Express Mail Label No.

EV 426081223 US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ X

Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS

- ☒ Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. §1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. §1.178)
(PTO/SB/53 or PTO/SB/54)
☐ Ribboned Original Patent Grant, OR
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. §3.73(b) Statement
☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:

CORRESPONDENCE ADDRESS

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NAME

The Procter and Gamble Company

ADDRESS

CITY

STATE

OH

ZIP CODE

COUNTRY

USA

TELEPHONE

(513)

FAX

(513)

Name (Print/Type)

Jay A. Krebs

Registration No. (Attorney/Agent)

41,914

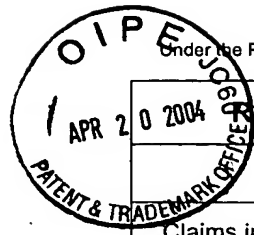
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Date

4/21/04



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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number: 8796E

Claims as Filed – Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Rate	Fee
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0	x \$18.00 =	\$0.00
(C) 7	Independent claims (37 CFR 1.16(i))	(D) 7	* 0	x \$86.00 =	\$0.00
Basic Fee (37 CFR 1.16(h))				\$0.00	\$770.00
Total Filing Fee				\$0.00	\$770.00

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 48	MINUS	** 20	= 28	x \$18.00 =	\$504.00
Independent Claims (37 CFR 1.16(i))	*** 13	MINUS	** 7	= 6	x \$86.00 =	\$516.00
Total Additional Fee					\$	\$1,020.00

* If the entry in (D) is less than the entry in (C), write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)

[X] Please charge Deposit Account No. 24-1680 in the amount of \$ 1790.00.[X] The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 24-1680. A duplicate copy of this sheet is enclosed.

Jay A. Krebs

Reg. # 41,914

Date

4-21-04

Signature of Applicant, Attorney or Agent of Record

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